



Substitute for form 1449A PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(USE AS MANY SHEETS AS NECESSARY)

Sheet 1 Of 6

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| Application Number | 10/697,849 |
| Filing Date | 10/30/2003 |
| First Named Inventor | Andrew Doddington |
| Art Unit | 3692 |
| Examiner Name | Ojo O. Oyeibisi |
| Attorney Docket Number | 14846-30 |

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| Examiner Initials* | Cite No. ¹ | Document Number Number-Kind 2 (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| Substitute for form 1449A/PTO <h2 style="text-align: center;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h2> <p style="text-align: center;"><i>(USE AS MANY SHEETS AS NECESSARY)</i></p> | | Complete if Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number</td> <td>10/697,849</td> </tr> <tr> <td>Filing Date</td> <td>10/30/2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Andrew Doddington</td> </tr> <tr> <td>Art Unit</td> <td>3692</td> </tr> <tr> <td>Examiner Name</td> <td>Ojo O. Oyeibisi</td> </tr> <tr> <td>Attorney Docket Number</td> <td>14846-30</td> </tr> </table> | | Application Number | 10/697,849 | Filing Date | 10/30/2003 | First Named Inventor | Andrew Doddington | Art Unit | 3692 | Examiner Name | Ojo O. Oyeibisi | Attorney Docket Number | 14846-30 |
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| Examiner Signature | /Ojo Oyeibisi/ | Date Considered | 03/27/2008 |
|--------------------|----------------|-----------------|------------|

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|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
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